

2005 DOE ANNUAL LEVERAGING REPORT

Contractor Name:						Contract Number:			Report Period:								
Prepared By:				E-mail:			Telephone Number:			Fax Number:							
SECTION A - NAME OF ORGANIZATION(s) PROVIDING THE RESOURCES:																	
1) NAME OF THE ORGANIZATION:						ADDRESS:											
Contact Person:				E-mail:			Telephone Number:			Fax Number:							
2) NAME OF THE ORGANIZATION:						ADDRESS:											
Contact Person:				E-mail:			Telephone Number:			Fax Number:							
3) NAME OF THE ORGANIZATION:						ADDRESS:											
Contact Person:				E-mail:			Telephone Number:			Fax Number:							
SECTION B - DESCRIPTION OF THE PROJECT (For each organization listed above):*																	
1)	2)	3)	TYPE OF PROJECT:			# of Units	Resource (\$)	1)	2)	3)	TYPE OF PROJECT:			# of Units	Resource (\$)		
			A)	Enhanced Weatherization								H)	Low Interest Loan Program				
			B)	Full-Scale Weatherization								I)	Refrigerator Replacement				
			C)	Energy Audit Programs								J)	Water Heater Replacement				
			D)	Emergency Heating								K)	Lighting Replacement				
			E)	HERS Program								L)	Other Appliance Management				
			F)	Furnace Replacement								M)	Other (Specify)				
			G)	Health and Safety								N)	Other (Specify)				
SECTION C - DESCRIPTION OF THE PROJECTS(s):*																	
SECTION D - STATUS AND IMPACT OF THE PROJECT(s):*																	
SECTION E - ADDITIONAL COMMENTS:*																	
SECTION F - DOE LEVERAGING FUNDS (CSD 571 SECION 20 LINE 4):*																	

\* Use more than one form or sheet of paper if necessary.

Contractor Name:		Contract Number:	Report Period:
Prepared By:	E-mail:	Telephone Number:	Fax Number:

<b>SECTION A - ACTIVITY TITLE:</b>	
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SECTION B - ACTIVITY TYPE:

1.	Technical	2.	Programmatic	3.	Client Education
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**SECTION C - ACTIVITY FOCUS (Check all activities that apply to the Activity Title identified above):**

1.	Air Sealing		10.	H&S: Health and Safety		19.	Intake Client Education	
2.	Appliances		11.	H&S: CO Test		20.	Installation Methods	
3.	Blower Door		12.	H&S: Radon		21.	Procurement Training	
4.	Dense Pack Insulation		13.	H&S: Moisture		22.	Solar Screen	
5.	Diagnostics-Blower Door		14.	H&S: Combustion		23.	Subcontractor Management	
6.	Diagnostics-Infrared		15.	H&S: Furnace Repair		24.	Other (Specify)	
7.	Diagnostics-Pressure		16.	H&S: Furnace Replacement		25.	Other (Specify)	
8.	Diagnostics-Dust Sealing		17.	H&S: Furnace Tune-up		26.	Other (Specify)	
9.	Financial Management		18.	Heating and Cooling System		27.	Other (Specify)	

**SECTION D - DELIVERY METHOD(s) (Check all that apply):**

1.	Computerized Training		5.	Field		9.	Workshop	
2.	Conferences		6.	Media/Video		10.	Other (Specify)	
3.	Demonstration		7.	Peer-to-Peer		11.	Other (Specify)	
4.	In-House		8.	Training Center		12.	Other (specify)	

**SECTION E - TRAINING AND TECHNICAL ASSISTANCE PROVIDER:**

COMPANY NAME:	COMPANY ADDRESS:

Contact Person:	E-mail:	Telephone Number:	Fax Number:

**SECTION F - TARGET AUDIENCE(s) (Check all that apply):**

a.	Auditors		e.	Energy Auditors		i.	Program Director	
b.	Clients		f.	Final Inspectors		j.	Public	
c.	Contractors		g.	Financial Personnel		k.	Utilities	
d.	Crews		h.	Outreach Workers		l.	Other (Specify)	

**SECTION G - COMMENTS:**

[illegible]